

Image# 12971413047

PAGE 1 / 44

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street) ▼

20 F Street NW

#310A

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00249342

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2012

through

M M M / D D D / Y Y Y Y Y Y
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Seward

Signature of Treasurer

Mr. William Seward

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 13 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		82020.03
(b) Cash on Hand at Beginning of Reporting Period.....	100460.77	
(c) Total Receipts (from Line 19)	45650.00	92692.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	146110.77	174712.86
7. Total Disbursements (from Line 31)	60073.25	88675.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86037.52	86037.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40765.00

78287.00

(ii) Unitemized

4885.00

14405.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

45650.00

92692.83

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

45650.00

92692.83

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

45650.00

92692.83

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

45650.00

92692.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1062.42	1664.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1062.42	1664.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59000.00	87000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	10.83	10.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10.83	10.83
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60073.25	88675.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60073.25	88675.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45650.00	92692.83
34. Total Contribution Refunds (from Line 28(d))	10.83	10.83
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45639.17	92682.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1062.42	1664.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1062.42	1664.51

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. M. Hugh Bailey MD FACSMailing Address 351 Hospital Rd
Ste 617

City Newport Beach State CA Zip Code 92663-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2012

Transaction ID : E079EF1A24E9E0311B0

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Michael Andrew Bogdan MD FACSMailing Address 410 N Carroll Ave
Ste 170

City Southlake State TX Zip Code 76092-6455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michael A Bogdan, MD, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 22 / 2012

Transaction ID : 808456BA-3ACA-437A-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Steven C. Bonawitz MDMailing Address Johns Hopkins Outpatient Center 60
Department of Plastic and Reconstructive Surgery

City Baltimore State MD Zip Code 21287-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2012

Transaction ID : 2EFADB00-3443-4B1D-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Keith E. Brandt MD

Mailing Address 660 S Euclid Ave

Box 8238, 1150 Northwest Tower

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Div. of Plastic & Reconstructi Surgery

Occupation

William G. Hamm Prof

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2012

Transaction ID : A16A8419-28CE-4FF0-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Glen S. Brooks MD

Mailing Address 776 Longmeadow St

City

Longmeadow

State

MA

Zip Code

01106-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2012

Transaction ID : EC754F0E9FBA5417672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Karen M. Buckley MD

Mailing Address 517 Moye Blvd

Ecu Plastic Surgery

City

Greenville

State

NC

Zip Code

27834-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 26 / 2012

Transaction ID : 251DB4079F0524B5313

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Guy Cappuccino MD

Mailing Address 1001 Twin Arch Rd
Ste 3A

City State Zip Code
Mount Airy MD 21771-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2012

Transaction ID : B1A1AFA9A45C79DA64A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert John Carpenter MD

Mailing Address 217 Glenn St
Ste 300

City State Zip Code
Cumberland MD 21502-2590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 23 / 2012

Transaction ID : 75B4F51713288F7BBFE

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Kevin C. Chung MD

Mailing Address 1500 E Medical Center Dr
2130 Taubman Center Space 5340

City State Zip Code
Ann Arbor MI 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 17 / 2012

Transaction ID : E7353198-95CA-4DB2-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert A. Cooper MD

Mailing Address 77 N Centre Ave
Ste 306

City State Zip Code
Rockville Centre NY 11570-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : 69452FDD-6845-40BA-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Bruce J. Cusenz MD

Mailing Address 1630 Maple Rd
Ste 200

City State Zip Code
Williamsville NY 14221-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : 85732ECFAC384524B5E

Amount of Each Receipt this Period

500.00

electronic check-bill payment

Full Name (Last, First, Middle Initial)

c. Richard A. De Ramon MD

Mailing Address 2025 Technology Pkwy
Ste 303

City State Zip Code
Mechanicsburg PA 17050-9402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : 9DB6470C930E2F59D53

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Barry E. DiBernardo MD

Mailing Address 29 Park St

City
MontclairState
NJZip Code
07042-3407FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2012

Transaction ID : 8D591B4A-9D9C-42FB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald M. Ditmars MDMailing Address 2799 W Grand Blvd
Plastic Surgery ClinicCity
DetroitState
MIZip Code
48202-2608FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2012

Transaction ID : EE8F09F7DD61161AE7F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark A. Eberbach MD

Mailing Address 14012 US Highway 19

City
HudsonState
FLZip Code
34667-1165FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2012

Transaction ID : AAD95CE2FDB3010C830

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Deborah K. Ekstrom MD

Mailing Address 39 Salisbury St

City
Worcester

State
MA

Zip Code
01609-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salisbury Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 06 / 2012

Transaction ID : 93625C5B-5D70-401B-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael A. Epstein MD

Mailing Address 1535 Lake Cook Rd
Ste 211

City

Northbrook

State

IL

Zip Code

60062-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2012

Transaction ID : B0DD0281E285493C5C3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gregory R.D. Evans MD, FACS

Mailing Address 200 S Manchester Ave
Ste 650

City

Orange

State

CA

Zip Code

92868-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California Irvine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 13 / 2012

Transaction ID : 5EEF7A449AFDA3E6420

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lu-Jean Feng MD

Mailing Address 31200 Pinetree Rd

the Lu-Jean Feng Clinic

City

State

Zip Code

Pepper Pike

OH

44124-5928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : FF94C5F4-8406-48CB-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William C. Franckle MD

Mailing Address 2301 E Evesham Rd

Ste 107

City

State

Zip Code

Voorhees

NJ

08043-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Pavilion Voorhees

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : 98C5E74C-67F0-4654-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John E. Gatti MD

Mailing Address 409 Kings Hwy S

City

State

Zip Code

Cherry Hill

NJ

08034-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : 106915035BD422DBC0F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Lloyd B. Gayle MD

Mailing Address 4th Floor

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center For Specialty Care

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 18 / 2012

Transaction ID : FB50238926389145AE1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Scot Bradley Glasberg MD

Mailing Address 42A E 74th St

City

New York

State

NY

Zip Code

10021-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

06 / 25 / 2012

Transaction ID : 53288346-BF08-4F85-

Amount of Each Receipt this Period

1080.00

Full Name (Last, First, Middle Initial)

c. Scott A. Greenberg MD

Mailing Address 1925 Mizell Ave
Ste 303

City

Winter Park

State

FL

Zip Code

32792-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 20 / 2012

Transaction ID : 3698B9117DC543DE4F7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Geoffrey C. Gurtner MD

Mailing Address Gk-201

257 Campus Driver West

City

Stanford

State

CA

Zip Code

94305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2012

Transaction ID : E6DDF1DA-3B89-421A-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Phillip C. Haeck MD

Mailing Address 901 Boren Ave

Ste 1650

City

Seattle

State

WA

Zip Code

98104-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : D89C71CC876F2CAEDCD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Stephen U. Harris MD

Mailing Address 500 Montauk Hwy

Ste H

City

West Islip

State

NY

Zip Code

11795-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harris Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : 8D55DC82-1BD2-48CB-

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John B. Hijjawi MD

Mailing Address 8700 W Watertown Plank Rd

City State Zip Code
 Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 10 / 2012

Transaction ID : 1A5DEEA5166C6C693D7

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Lloyd Hoffman MD

Mailing Address 12A E 68th St

City State Zip Code
 New York NY 10065-5855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 13 / 2012

Transaction ID : 7702A1EE728B03CA3B0

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. William H. Huffaker MD

Mailing Address 17300 N Outer 40 Rd
 Ste 300

City State Zip Code
 Wildwood MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 31 / 2012

Transaction ID : 1F105564-511C-40C0-

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Elliot W. Jacobs MD

Mailing Address 815 Park Ave

City
New York

State
NY

Zip Code
10021-3295

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2012

Transaction ID : 891151013AFB75B437B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City
Sacramento

State
CA

Zip Code
95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 18 / 2012

Transaction ID : 4FE7B1D82C8989D9FA35

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Debra J. Johnson MD

Mailing Address 95 Scripps Dr

City
Sacramento

State
CA

Zip Code
95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plastic Surgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 18 / 2012

Transaction ID : 4709A925D13528C26502

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Dean L. Johnston MD

Mailing Address 4106 W Lake Mary Blvd
Ste 212

City State Zip Code
Lake Mary FL 32746-3344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean L Johnston MD, Inc.

Occupation

Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 26 / 2012

Transaction ID : ACE293EB-9D8D-490B-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dean L. Johnston MD

Mailing Address 4106 W Lake Mary Blvd
Ste 212

City State Zip Code
Lake Mary FL 32746-3344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean L Johnston MD, Inc.

Occupation

Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 24 / 2012

Transaction ID : FED489E8-AAF3-429C-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Loree K. Kallinen MD

Mailing Address 640 Jackson St
Mail Stop 11503 B

City State Zip Code
Saint Paul MN 55101-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regions Hospital Plastic/Hand Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2012

Transaction ID : 1550963F-D002-4CB2-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Geoffrey R. Keyes MD

Mailing Address 9201 W Sunset Blvd
Ste 611

City State Zip Code
Los Angeles CA 90069-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2012

Transaction ID : 845243F9D7BC343DAB0

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Sami U. Khan MD

Mailing Address Room 60, Hsc T-19
Sunny-Stony Brook University Medical Center

City State Zip Code
Stony Brook NY 11794-8191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Division of Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 15 / 2012

Transaction ID : F74244C2-AC34-4980-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Sugene Kim MD

Mailing Address 4185 Technology Forest Blvd
Ste 150

City State Zip Code
Spring TX 77381-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 03 / 2012

Transaction ID : 63FB5BA855D46FA7890

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Robert M. Kimmel MD

Mailing Address 575 E Norwegian St
 Keystone Surgery Center

City Pottsville State PA Zip Code 17901-3711

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Keystone Cosmetic Surgery Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2012

Transaction ID : C5E2F8C7118E8D35F3D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neil Elliot Klein MD

Mailing Address 11480 Brookshire Ave
 Ste 306

City Downey State CA Zip Code 90241-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2012

Transaction ID : 4F456DE06017032244A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Carl W. Lentz MD

Mailing Address 1040 W International Speedway Blvd

City Daytona Beach State FL Zip Code 32114-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 20 / 2012

Transaction ID : CEC6099E-A22C-4B9A-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. James T. Lin MD

Mailing Address 8021 Laguna Blvd
Ste 3

City State Zip Code
Elk Grove CA 95758-7920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : B3290928-A76B-416D-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul W. Loewenstein MD

Mailing Address 13800 W North Ave
Ste 110

City State Zip Code
Brookfield WI 53005-4977

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : 166E82BAB1C956DC1E7

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

C. Raman Chaos Mahabir MD

Mailing Address Division of Plastic Surgery

City State Zip Code
Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2012

Transaction ID : BA20128E-E0E3-4574-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Marcel M. Malek MD

Mailing Address 8438 E Shea Blvd
Ste 101

City State Zip Code
Scottsdale AZ 85260-6669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2012

Transaction ID : 52B2042775200CA8DC1

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Marshall G. Miles DO

Mailing Address 1243 S Cedar Crest Blvd
Ste 301

City State Zip Code
Allentown PA 18103-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : F588001A-4E33-4C13-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael J. Miller MD

Mailing Address 915 Olentangy River Rd
Ste 2100

City State Zip Code
Columbus OH 43212-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio State University

Professor and Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 06 / 2012

Transaction ID : 01129861CB47F80739B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. J. Michael Morrissey MD
 Mailing Address 221 W Colorado Blvd
 Ste 727

City	State	Zip Code
Dallas	TX	75208-2308

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Transaction ID : 1AC6019D-B421-43E1-

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Robert X. Murphy Jr., MD
 Mailing Address 2597 Schoenersville Rd
 Ste 305

City	State	Zip Code
Bethlehem	PA	18017-7331

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Cosmetic and Reconstructive Specialist

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

Transaction ID : 942ED342-22A4-4644-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Herbert J. Nassour MD
 Mailing Address 1300 Murchison Dr
 Ste 300

City	State	Zip Code
El Paso	TX	79902-4851

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : 9A83811932A8C942F71

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Anne M. Nickodem MD

Mailing Address 3301 Woodburn Rd
Ste 201

City Annandale State VA Zip Code 22003-6899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 18 / 2012

Transaction ID : E949AFD9-BEE4-44C2-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Phillip H. Nunnery MD

Mailing Address 1936 Jenks Ave
Ste A

City Panama City State FL Zip Code 32405-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 10 / 2012

Transaction ID : D579B460CDE47749B71

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alfonso Oliva MD

Mailing Address 530 S Cowley St

City Spokane State WA Zip Code 99202-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2012

Transaction ID : 51CB8BD6-1F13-4C0E-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Charles W. Perry MDMailing Address 3800 J St
Ste 210

City	State	Zip Code
Sacramento	CA	95816-5551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : A85F65C8-3BCF-400C-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Byron D. Poindexter MD

Mailing Address 1825 Samuel Morse Dr

City	State	Zip Code
Reston	VA	20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : 55052F78481009E5B0C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lori G. Polacek MDMailing Address 1524 Atwood Ave
Ste 343

City	State	Zip Code
Johnston	RI	02919-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

Transaction ID : 3F2D6709E06181912DE

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Christian A. Prada MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City State Zip Code
Chesterfield MO 63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Louis Cosmetic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 24 / 2012

Transaction ID : 513CE324-6A2A-40F4-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Randy D. Proffitt MD

Mailing Address 6317 Piccadilly Square Dr

City State Zip Code
Mobile AL 36609-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 30 / 2012

Transaction ID : 3DD83508-1244-417E-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Vasdev S. Rai MD

Mailing Address 7777 Forest Ln
Ste C612

City State Zip Code
Dallas TX 75230-6853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 27 / 2012

Transaction ID : 136A3677-B514-4AEA-

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Adam G. Ravin MD

Mailing Address 200 Medical Park Dr
Ste 320

City State Zip Code
Concord NC 28025-0936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : 205E9475-904E-46E0-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald G. Ritz MD

Mailing Address 575 Rivergate
Unit 205

City State Zip Code
Durango CO 81301-7490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : 6D39A396-FB5B-4AC4-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Malcolm Z. Roth MD

Mailing Address 43 New Scotland Ave
Mail Code 190

City State Zip Code
Albany NY 12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Albany Medical Center

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : B77E57BC-7A33-42E6-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Ernesto J. Ruas MD

Mailing Address 603 S Boulevard

City

Tampa

State

FL

Zip Code

33606-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2012

Transaction ID : D14B1804A19CD495BE6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Vasif N. Sabeeh DO

Mailing Address 14256 N Northsight Blvd
Ste 120

City

Scottsdale

State

AZ

Zip Code

85260-3954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Plastic & Reconstructive Surge

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 22 / 2012

Transaction ID : 1DE73296-E9B4-498B-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Loren S. Schechter MD

Mailing Address 9000 Waukegan Rd
Ste 210

City

Morton Grove

State

IL

Zip Code

60053-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2012

Transaction ID : 4D6963ED-4768-4F32-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Benjamin Schlechter MD

Mailing Address 2603 Keiser Blvd
Ste 207

City State Zip Code
Wyomissing PA 19610-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2012

Transaction ID : 318FE762-9AFB-46CE-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ronald H. Schuster MD

Mailing Address 10807 Falls Rd
Ste 101

City State Zip Code
Lutherville MD 21093-4596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : 11BBC6C4267E6A45B44

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert J. Schutz MD

Mailing Address 3615 5th St
Ste 101

City State Zip Code
Rapid City SD 57701-7360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Black Hills Plastic Surgery

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : 9BACE394-930D-4475-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Bharat Shah MD

Mailing Address Plastic Surgery, Suite 340

City State Zip Code
 Springfield MO 65804

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John's Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
 06 / 06 / 2012

Transaction ID : 2E9D56DD-7AEC-4CF9-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Subramanya R. Shastri MD

Mailing Address 17 Limestone Dr
 Ste 1

City State Zip Code
 Williamsville NY 14221-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
 06 / 26 / 2012

Transaction ID : 1D8588FDE96C46D772D

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert K. Sigal MD

Mailing Address 1825 Samuel Morse Dr

City State Zip Code
 Reston VA 20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 05 / 30 / 2012

Transaction ID : 7AE57EAFFCA04E0F471

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Gary A. Smotrich MD

Mailing Address 3131 Princeton Pike
Bldg 5

City State Zip Code
Lawrenceville NJ 08648-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lawrenceville Plastic Surgery

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : 8319598E-82E3-49FC-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David R. Stephens MD

Mailing Address 10687 NE 2nd St

City State Zip Code
Bellevue WA 98004-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : BF36B8F6E683F1B099D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Anne Taylor MD

Mailing Address 2 Easton Oval
Ste 545

City State Zip Code
Columbus OH 43219-8032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University - Plastic Surgeon

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2012

Transaction ID : AECF3F46-079F-4D54-

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Scott L. Tucker MD

Mailing Address 1345 Westgate Center Dr
Ste A

City State Zip Code
Winston Salem NC 27103-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2012

Transaction ID : E6BC0172-A8D6-45A0-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bruce W. Van Natta MD

Mailing Address 170 W 106th St

City State Zip Code
Indianapolis IN 46290-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 22 / 2012

Transaction ID : 1DDAA96F-739B-4358-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Charles N. Verheyden MD

Mailing Address 2401 S 31st St

City State Zip Code
Tempe TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Scott & White Clinic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 20 / 2012

Transaction ID : C2D39AF960DAB49ECA1

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Jerome S. Weiskopf MD

Mailing Address 6533 Lexus Dr

City

Rockford

State

IL

Zip Code

61108-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : 772A7782D8BFC53BD41

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Virgil V. Willard MD

Mailing Address 1011 N Lindsay St
Ste 202

City

High Point

State

NC

Zip Code

27262-3945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : 8B185995-540C-4A59-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Zubowski MD

Mailing Address 1 Sears Dr

City

Paramus

State

NJ

Zip Code

07652-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : E0140EFF-4B1D-4CC2-

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

40765.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons PLASTYPAC

The image shows three 16-pin D-sub connectors. The first connector is labeled '04' and has 'M' on the top pins. The second connector is labeled '05' and has 'D' on the top pins. The third connector is labeled '2012' and has 'Y' on the top pins. Each connector has a 16-pin D-sub footprint with pins arranged in two rows of eight.

001

Category/
Type

Age Group	Percentage
18-24	10.1
25-34	12.2
35-44	14.3
45-54	16.4
55-64	18.5
65-74	20.6
75-84	22.7
85+	81.1

State: District:

001

Category/
Type

113.40

State: District:

001

Category/
Type

146.32

State: District:

340.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
 Libertyville IL 60048

Purpose of Disbursement
 Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 03 2012

Transaction ID : 455E20AB0F2D0FF3044

Amount of Each Disbursement this Period

320.10

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
 Libertyville IL 60048

Purpose of Disbursement
 Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 12 2012

Transaction ID : 12E521EBE94529949A7

Amount of Each Disbursement this Period

10.83

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
 Libertyville IL 60048

Purpose of Disbursement
 Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 05 02 2012

Transaction ID : 17CE4BE7BDC4C94AC72

Amount of Each Disbursement this Period

174.68

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

505.61

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Plastic Surgeons PLASTYPAC

Category/
Type

215.98

Category/
TypeCategory/
Type

Age Group	Percentage
18-24	100
25-34	100
35-44	100
45-54	100
55-64	100
65-74	100
75-84	100
85+	215.98

1062.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City	State	Zip Code
Bel Air	MD	21014

Purpose of Disbursement
2012 General

011

Candidate Name

Andrew P. HarrisCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 01

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 94A713D3E52FD245B3E

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address PO Box 108

City	State	Zip Code
Gladstone	MI	49837

Purpose of Disbursement
2012 General

011

Candidate Name

Daniel J. BenishekCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 01

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 2A45EF44D9636EE0435

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for Congress

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement
2012 General

011

Candidate Name

William CassidyCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 06

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 56836752399F56A9D2B

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Bucshon for Congress

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement
2012 General

011

Candidate Name

Larry D. BucshonCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 08

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 6BF7598E73FC61ED742

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Capuano for Congress Committee

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
2012 General

011

Candidate Name

Michael Everett CapuanoCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 08

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 73B4A94AFA8AE7A6A91

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Castor for Congress

Mailing Address 301 W Platt Street, #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement
2012 General

011

Candidate Name

Katherine Anne CastorCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 14

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 3BCB51B842C42DFF61B

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. Md for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Mailing Address PO Box 80126

Transaction ID : B70CFDCD3C7789F8943

City Lafayette	State LA	Zip Code 70598
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Amount of Each Disbursement this Period

Purpose of Disbursement
2012 General

011
Category/ Type

2000.00

Candidate Name

Charles W. Boustany Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

B. Charlie Dent for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Mailing Address PO Box 442

Transaction ID : 2220918178E4FC6FF29

City Allentown	State PA	Zip Code 18105
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Amount of Each Disbursement this Period

Purpose of Disbursement
2012 General

011
Category/ Type

2000.00

Candidate Name

Charles W. DentOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Mailing Address 5915 Eastman Avenue
Suite 100**Transaction ID : 7DA453F299978C8E2CD**

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 General

011
Category/ Type

5000.00

Candidate Name

Dave CampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale	State GA	Zip Code 30296
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Purpose of Disbursement
2012 General

011

Candidate Name

David Albert ScottCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2012

Transaction ID : B054953FC5D9A3DF7FA

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin	State TN	Zip Code 37066
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Purpose of Disbursement
2012 General

011

Candidate Name

Diane BlackCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2012

Transaction ID : D11D1A721280B45F2AB

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola	State NY	Zip Code 11501
-----------------	-------------	-------------------

Purpose of Disbursement
2012 General

011

Candidate Name

Carolyn McCarthyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2012

Transaction ID : AD9C12B1F4839AB8E2A

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Friends of Nan Hayworth

Mailing Address PO Box 188

City	State	Zip Code
Carmel	NY	10512

Purpose of Disbursement
2012 General

011

Candidate Name

Nan Alison Sutter HayworthCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : B2F9BC89066DAB7673B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Congress, Inc.

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement
2012 General

011

Candidate Name

Phil GingreyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 42BCC88C9AF21E097B8

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address PO Box 900427

City	State	Zip Code
Sandy	UT	84090

Purpose of Disbursement
2012 Primary

011

Candidate Name

Orrin G. HatchCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : BABD3A7F1AFCCC54BBA

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. John Sullivan for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2012

Mailing Address Post Office Box 470840

City	State	Zip Code
Tulsa	OK	74147

Transaction ID : 474BEAFCD1E35279D95Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

John A. SullivanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 01

Full Name (Last, First, Middle Initial)

B. Lance for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2012

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Transaction ID : 0A646B2A7D023624999Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Leonard LanceCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 07

Full Name (Last, First, Middle Initial)

C. Matheson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2012

Mailing Address PO Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Transaction ID : 27323F7D89473C7DBB9Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

3000.00

Candidate Name

James David MathesonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Pete Sessions for Congress

Mailing Address PO Box 823047

City State Zip Code
 Dallas TX 75382

Purpose of Disbursement
 2012 General

Candidate Name

Peter Anderson Sessions

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 32

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : DE1F91A9D9F0030008D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City State Zip Code
 Roswell GA 30077

Purpose of Disbursement
 2012 General

Candidate Name

Thomas E. Price M.D.

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 06

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : 9E6B5241FF5B782D0C0

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City State Zip Code
 Springfield MA 01108

Purpose of Disbursement
 2012 General

Candidate Name

Richard Edmund Neal

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 01

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : 2A886AEAFE723127ED9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Ryan for Congress

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement
2012 General

011

Candidate Name

Paul RyanCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 01

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 0BCF0D661377F6B6E26

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Scott Brown for Us Senate Committee Inc

Mailing Address 337 Summer Street

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
2012 Primary

011

Candidate Name

Scott Philip BrownCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District:

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 359A10244C4EC17BA21

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Scott Brown for Us Senate Committee Inc

Mailing Address 337 Summer Street

City	State	Zip Code
Boston	MA	02210

Purpose of Disbursement
2012 General

011

Candidate Name

Scott Philip BrownCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District:

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2012

Transaction ID : 998CEFC6A03773B177F

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Society of Plastic Surgeons PLASTYPAC

011

1000.00

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

MM / DD / YYYY

011

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

2000.00

59000.00